

# Form PV Massachusetts Income Tax Payment Voucher

# 2004

First name	M.I.	Last name	Social Security number
Spouse's first name	M.I.	Last name	Spouse's Social Security number
Street address			Amount enclosed
			\$
City/Town	State	Zip	<input type="checkbox"/> Check if name/address changed since 2003



**Mail to: Massachusetts Department of Revenue, PO Box 7003, Boston MA 02204**

Make check payable to: Commonwealth of Massachusetts. Write your Social Security number(s) on your check or money order.

Be sure to staple check to the front of Form PV and enclose Form PV with your return.

103M 12/04 GP04C25



*printed on recycled paper*